PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10748818

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	THAN
			(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL	
TOTAL CLAIMS			15					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/5 minus 20= *		k	0		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			# minus 3 = *			0		X43=		OR	X86=	
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			L	TOTAL	38€	OR	TOTAL		
CLAIMS AS AMENDED - PART II									· ·		OTHER	THAN
		(Column 1)	(Column			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Ì	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	Ī	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=-		OR	+290=	
								TOTAL		י רו	TOTAL	
		(Column 1)	Α	ADDIT. FEE I		JO	ADDIT. FEE					
		CLAIMS	·	(Column HIGHES	ST	(Column 3)	Г		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
,								+145=		OR	+290=	
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	*** .		=	T	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE	
		mber Previously Pa ber Previously Paid							ropriate box	in coli	umn 1.	